

## 2017 Semi-Monthly Rates for State of Kansas Active Employees \*\*

Employee Category	PLAN A		PLAN C		Delta Dental	Surency Vision	
	Aetna	BCBS	Aetna	BCBS		Basic Monthly	Enhanced Monthly
Full Time							
Employee Only	\$39.41	\$35.62	\$37.85	\$31.38	\$6.00	\$3.96	\$7.79
Employee + Spouse	\$196.75	\$170.91	\$104.35	\$89.14	\$14.16	\$7.75	\$15.37
Employee + Children	\$129.18	\$113.04	\$69.41	\$58.15	\$12.52	\$7.00	\$13.86
Employee + Family	\$341.01	\$299.21	\$172.42	\$150.26	\$20.70	\$10.81	\$21.49
All Part Time							
Employee Only	\$112.48	\$103.27	\$53.98	\$46.89	\$10.54	\$3.96	\$7.79
Employee + Spouse	\$290.40	\$256.30	\$130.39	\$114.22	\$20.83	\$7.75	\$15.37
Employee + Children	\$202.68	\$178.05	\$90.30	\$78.53	\$18.77	\$7.00	\$13.86
Employee + Family	\$455.09	\$404.92	\$202.56	\$179.66	\$29.12	\$10.81	\$21.49
HealthyKIDS							
Employee + Children	\$80.02	\$74.23	\$50.73	\$44.25	\$7.45	\$7.00	\$13.86
Employee + Family	\$248.98	\$224.42	\$148.95	\$137.76	\$15.61	\$10.81	\$21.49
**If you have qualified for the HealthQuest Rewards Program Premium Incentive Discount, subtract \$10 per pay period from the rates above to determine the amount of your discounted semi-monthly premium.							
Please note that the Vision rates are monthly.							